

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47641

1. Entity Name

SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, IN

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90242 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% JEROME MANNING  
 15428 MANNING DRIVE  
 TAMPA FL 33612

% JEROME MANNING  
 15428 MANNING DRIVE  
 TAMPA FL 33613-1360

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3136283

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, JEROME  
 15428 MANNING DRIVE  
 TAMPA FL 33612

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Jerome Manning*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	LUCAS, MARY K	
STREET ADDRESS	2375 SOUTH PALM BEACH LOOP	
CITY-ST-ZIP	HOMOSSASSA FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MANNING, MARY K	
STREET ADDRESS	15428 MANNING DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAMMERER JR., JOHN J.	
STREET ADDRESS	1072 NOLAN DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, KATHY	
STREET ADDRESS	15101 NW 32ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMMERER, SUSAN	
STREET ADDRESS	1072 NOLAN DR	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, BOB	
STREET ADDRESS	3656 CALLIANDRA DR.	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ZIP CODE 34443	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ZIP CODE 33613	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ADD ZIP CODE 33776	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. WALLACE JUDY	
STREET ADDRESS	3056 CALLIANDRA	
CITY-ST-ZIP	9922 28TH ST E MYAKKA CITY, FL 34251	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ADD ZIP CODE 33776	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ZIP CODE 34251	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome Manning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

727 585-6238

Daytime Phone #

CR2E037 (9/99)